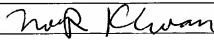


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|   |    |                        |                 |
|---|----|------------------------|-----------------|
| <h1 style="text-align: center;">TRANSMITTAL<br/>FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> |    | Application Number     | 10/504,812      |
|   |    | Filing Date            | August 13, 2004 |
|   |    | First Named Inventor   | Mark D. JACKSON |
|   |    | Art Unit               | 2437            |
|   |    | Examiner Name          | M. Pyzocha      |
| Total Number of Pages in This Submission  | 10 | Attorney Docket Number | 136922004600    |

| ENCLOSURES (Check all that apply)  |  |  |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><br><input type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply (9 pages)<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <div style="border: 1px solid black; padding: 5px; min-height: 40px;">         Remarks       </div>  |  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |          |        |
|--|---|----------|--------|
| Firm Name                                  | MORRISON & FOERSTER LLP (Customer No. 25226)                                      |          |        |
| Signature                                  |  |          |        |
| Printed name                               | Norman R. Klivans   |          |        |
| Date                                       | March 13, 2009  | Reg. No. | 33,003 |

Client Reference: 227